

# Work Order ID 51366

August 20, 2009 10:52:32 AM



ASAP

Page 1

Item ID: D350-727-045

Accept



Setup Start



Revision ID: N/A

Stop



Item Name: Wearplate, Full Length, LH/RH

Start Date: 08/20/2009 Start Qty: 4.00



Cust Item ID:

Required Date: 08/20/2009 Req'd Qty: 4.00

Customer:

Reference:

Approvals: Process Plan: UMF

Date: 09-08-20

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	----------------	--------------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

N/A

Rev N/A

0.00



DC

Document Control

DOCUMENT CONTROL

Memo

Photocopy bluefile and create labels per PPP D350-727-045 CHG001

*for BG 09/08/21*

*501/08/21*

110

Pick Kit

0.00



Packaging

Packaging

Memo

0.00

*9/8/20*

*SP*

120

QC4- 100% Inspect kits for completeness

0.00



QC

Quality Control

Memo

0.00

*2) 502/08/21*

*SP*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 51366

August 20, 2009 10:52:32 AM



Page 2

Item ID: D350-727-045

Accept



Setup Start



Revision ID: N/A

Stop



Item Name: Wearplate, Full Length, LH/RH

Start Date: 08/20/2009 Start Qty: 4.00



Cust Item ID:

Required Date: 08/20/2009 Req'd Qty: 4.00

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 	Packaging	0.00							
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D350-727-045 Location: _____ PPP Rev: _____								
140 	QC21- Final Inspection - Work Order Release	0.00							
QC	Memo	0.00							
Quality Control									

9/8/21 @SQ

09/08/24 JJ

4 09-8-24

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

August 20, 2009 10:52:31 AM

Page 1 / 1

Work Order ID: 51366

Parent Item: D350-727-045RevN/A

Parent Item Name: Wearplate, Full Length, LH/RH


Start Date: 08/20/2009

Required Date: 08/20/2009

Comments:


Start Qty: 4.00

Required Qty: 4.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
S +4 D3319-1RevB  Wearplate		Manufactured	No			120	Each	26.0000	4.0000			

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
ST	26	
48543	8	
51212	18	

48543 SQ

S +4 D3319-3RevB  Wearplate		Manufactured	No			120	Each	6.0000	4.0000			
--	--	--------------	----	--	--	-----	------	--------	--------	--	--	--

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
ST	6	
48347	6	

48347 9/8/20  
(40)  
SQ

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries